

Guidelines of Medical Care for Adult Patients with Diabetes (1) (Rev. 07/2012) (Previous editions are obsolete.)

The Nebraska Diabetes Consensus Guidelines Task Force recommends these guidelines be adapted into the clinician's practice.

Patient Name: _____ Date of Birth: ____/____/____ Year of Diagnosis: _____

Attended Diabetes Self-Management Classes: Yes ____ No ____ If yes, When/Where: _____

Follow-up Education with CDE/RD: Yes ____ No ____ If yes, When/Where: _____

Complications: _____

Indicators	Frequency*	Goals (1)	Date/Results	Date/Results	Date/Results	Date/Results
Weight or BMI (2)		Desirable wt: ____				
Blood Pressure	Every Visit	<130/80 mm Hg				
Foot Exam/Pulses (3)	Every Visit					
Skin/injection Sites	Every Visit					
Blood Glucose	Every Visit					
Review of Self-Blood Glucose Monitoring Record (70-130 mg/dl premeals; 100-140 mg/dl at bedtime)	Every Visit	Fill in Goal for this patient.				
Discuss Lifestyle Management - Tobacco Use Status Using/Doesn't Use Cessation if using - Physical Activity - Assess	Every Visit					
Review/Update Current Meds	Every Visit					
Consider daily aspirin use	Every Visit	81-162 mg/day				
Consider Ace Inhibitors (4)	Every Visit	ACEI/ARB				
Consider Statins	Every Visit					
A1C (Hemoglobin A1C)		<7% (5)				
- insulin treated	Quarterly					
- non-insulin treated	2-4 times/yr or as needed					
Referred for Dental Exam	Bi-annual	Exam Date /Dentist:				
Annual Exam/History Update	Yearly					
Abdominal Exam	Yearly					
Neurological Exam/Depression Screening	Yearly					
Cardiac Assessment/Pulses	Yearly					
Thyroid Assessment (6)	Yearly					
Referred for Dilated Eye Exam(7)	Yearly	Exam Date/ Physician:	Macular Edema: Yes____ No____ Severity of retinopathy, if present:			
Total Cholesterol (8)	Yearly	<200 mg/dl				
HDL-C (8)	Yearly	>50 mg/dl females >40 mg/dl males				
Triglycerides (8)	Yearly	<150 mg/dl				
Calculated or Measured LDL Assessment (8)(9)	Yearly	<100 mg/dl				
Random spot urine for albumin/creatinine ratio (10)	Yearly	<30 ug/mg creatinine				
Annual Renal Screen to include serum creatinine (11)	Yearly	GFR >60 ml/min per 1.73 m ²				
Influenza Vaccine	Yearly	Date/location:				
Pneumococcal Vaccination (12)	(12)	Date/location:				

(1) Based on American Diabetes Association: Standards of Medical Care for Patients With Diabetes Mellitus. Diabetes Care 35 (Suppl. 1): January 2012.

(2) Healthy BMI: 18.5-24.9; underweight BMI: less than 18.5; overweight BMI: 25.0-29.9; obese BMI: 30 or more.

(3) Annual comprehensive foot exam.

(4) Ace inhibitors, ARBs and statins are contraindicated during pregnancy.

(5) ADA recommends <6% or as close to normal as possible for selected individuals without significant hypoglycemia (SII)

(6) Thyroid function tests when indicated.

(7) Type 1- ADA annually within five years after onset w/annual follow-up dilated exams; Type 2 annually.

(8) Lipid profile, annually. If within normal limits, the clinician may consider obtaining less frequently.

(9) 2004 National Cholesterol Education Program (NCEP) clinical practice guidelines recommend treating to <70 mg/dL. Adult Treatment Panel (ATP) III goal is <100 for high-risk patients and <70 for very high-risk patients. ADA Guidelines suggest <100 for all; consider statins >40 years of age with total cholesterol >130 mg/dl and goal <70 mg/dl with known heart disease or multiple risk factors. If LDL goal not reached w/max tolerable statin therapy, 40% drop from baseline is acceptable.

(10) Type 1 - Five years after diagnosis, then annually at adolescence; Type 2 - at diagnosis.

(11) ADA recommends measuring at least annually for estimation of glomerular filtration rate (GFR) in all adults with diabetes regardless of degree of urine albumin excretion. Serum creatinine alone should not be used as a measure of kidney function but to estimate GFR using MDRD equation and stage the level of CKD.

(12) Centers for Disease Control & Prev. Guidelines: Once and repeat after age 65 if more than five years after last vaccination. (MMWR Vol. 56(41): Q1-Q4.